CITY OF TROY

PART-TIME AND/OR TEMPORARY EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTIONS: Type or print in ink. Complete all questions, even if you attach a resume. Extra pages may be attached if you need them. This form may be submitted to the Human Resources Department or mailed to the address below. Last Name First Middle Initial Home Phone Position Applying For: 1. Crossing Guard Address City State Zip School Phone Driver's License Number **Social Security Number** 3. Are you under 18 years of age? () No () Yes (Proof of eligibility to work will be required.) Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) () No ()Yes Have you ever been convicted of a crime? () No () Yes If yes, explain when, where and the nature of the offense: (A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.) Dates available for employment: ______to______ Times available: Days_____ Evenings__ Weekends Are there any reasons you may have difficulty in performing, with or without accommodation, any of the major duties of the job(s) for which you have applied? No____ Yes___ If yes, explain:_____ **EDUCATION:** Present or Most Please Circle Highest Grade Completed Recent School Attended Address Major 10 11 12 13 14 15 16 Dates available for interview (Please list specific dates)_____ List any licenses or certifications you possess (example: First Aid, Health Card, Lifesaving, Chauffeur, etc.) EMPLOYMENT: Indicate your last four positions of employment. Start with your most recent. (Please list any City of **Troy employment**) **Employer** From To Address Position Reason for Leaving

What personal experience qualifies you for the position for which you have applied?
Referred by: Newspaper, school posting, walk-in, other
I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Troy. All of the statements provided by me in this Employment Application are subject to investigation by the City. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment if hired.
If applying for a position in the Troy Police Department, I understand that I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation which will include a review of any criminal conviction history.
I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the City of Troy. Further, I understand and agree that my employment is for no definite period of time, and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement contrary to the foregoing unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.
Unless employed under a collective bargaining agreement, I further agree that any action or suit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.
I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.
Date Signature
If related to anyone employed by, or an elected official of, the City of Troy, state name/relationship:

CITY OF TROY / HUMAN RESOURCES DEPARTMENT 500 W. Big Beaver Road
Troy MI 48084-5254
www.ci.troy.mi.us

AN EQUAL OPPORTUNITY EMPLOYER

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